

# RON COMINGDEER & ASSOCIATES

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RON COMINGDEER  
MARY KATHRYN KUNC  
KENDALL W. PARRISH

February 1, 2013

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street SW, Washington, DC 20554

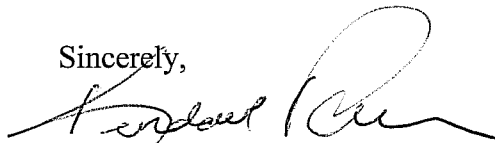
Re: CV Cellular FCC Form 555

Dear Ms. Dortch,

Attached is a revised FCC Form 555 for CV Cellular. This form was filed previously January 28, 2013 .

Please note that due to an administrative error in tracking the re-certification process, the filer did not make a distinction between customers who were de-enrolled for failure to timely respond and the small number who responded that they were no longer eligible for Lifeline discounts. Therefore, the filer is unable to complete Column F of Section 2 of the form. The number reported in Column G correctly reflects the number of customers who were de-enrolled or are scheduled for de-enrollment for failure to respond. However, the filer appropriately de-enrolled all of the customers who responded that they were no longer eligible, as well as those who did not timely respond.

Sincerely,

A handwritten signature in black ink, appearing to read "Kendall Parrish", with a stylized flourish at the end.

Kendall Parrish

KP/nh

FCC Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

OK

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

439019

Study Area Code(s) (SAC)

CV Cellular CV CELLULAR

ETC Name(s)

N/A

Holding Company Name(s)

dba SPROCKET WIRELESS DBA SPROCKET WIRELESS

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

430922

VALLANT TELEPHONE COMPANY 431985

CROSS TELEPHONE CO.

439017

CROSS WIRELESS DBA SPROCKET

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial KW

439019

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial KW

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
537	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
537	494	43	0	43	22

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

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November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** KW

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

Kristy Wood  
Signature of Officer  
Business Operations Manager  
Title of Officer  
Kristy Wood  
Person Completing this Certification Form

Kristy Wood  
Printed Name of Officer  
Jan-31-13  
Date  
918-463-2921  
Contact Phone Number